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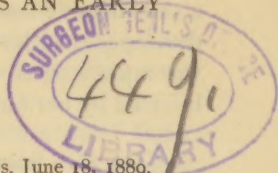
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SEVERE CONTINUOUS CEPHALALGIA AS AN EARLY
SECONDARY IN SYPHILIS.

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Read before the Medical Society of the County of Kings, June 18, 1889.

It is well known that there are forms of headache due to syphilis in its later stages, and even that the febrile period of this disease may be attended by discomfort about the head. There is, however, a well-marked type occurring in the developmental stage of the disease, where this symptom for a time overshadows all others, and for which alone the patient seeks advice. The real cause is then often and easily overlooked. The special works on headache (Day, Wright, Hamilton) make no mention of it, and the common works on syphilis barely refer to this symptom in a general way. It is quite natural that patients who only realize they are suffering from headache should but rarely apply to the genito-urinary specialist. Van Buren and Keyes (edition of 1880, p. 550), say: "Among the pains of early syphilis, headache is prominent, often of an excruciating character, and usually worse at night." Atkinson (Maryland Med. Jour., 1881-2, viii., p. 225-8) says more directly, "It may be the first symptom of general manifestations, and is then recognized with difficulty."

This earliest form is evidently not so very rare, as the following series of cases shows:

CASE I.—Woman of thirty-five years; seen May 1, 1886, with Dr. S. E. Fuller. She has always been strong and healthy. Is the mother of several children, and is now in fourth month of pregnancy. Never subject to headache or any constitutional trouble. The head pain began three weeks since, and has rather grown worse. It is usually frontal, less about base of occiput, lately also in temples. It is not throbbing, though at times darting, and is better while reclining. It may trouble her on waking in the night, gets worse on rising in the morning, and grows severer again towards night. It then remains intense until perhaps midnight, or she gets to sleep. She is not specially troubled by dreams, and but slightly by dizziness. Exquisite pressure-sensitiveness on each side at a point 1 to 1½ ctm. above orbital arch (in line of the usual but here absent notch for frontal nerve). Appetite now on the wane. Quinine has been given in full doses, to no purpose. Bromides, chloral, cathartics, unavailing.

presented by the author -

Hypodermics of morphine, or cannabis indica internally, gave some relief.

At the time no cause could be made out, except pregnancy and a considerable loss of flesh within a few months. Soon after this she developed regular secondary syphilis, and on appropriate treatment was rapidly cured of the cephalalgia. It was found that she had been infected by her husband.

CASE II.—Spanish woman of thirty-nine years. Seen at the Long Island Hospital Dispensary, June 19, 1886. Has a family; is living with second husband. Has suffered from terrible headache for two months. The first month she had, according to her statement, a kind of chills and fever. The last two weeks she has suffered from sore throat and an increasing cough. The headache gets worse about 6 p. m. and lasts all night, though it is not absent by day. In her sleep, according to an interpreter companion, she raves a great deal and acts as though crazy. The ache is rather beating, and involves the whole head. Lying down tends to increase it, so that she often has to get up again. Also complains of pains over the whole body. Has lost flesh. Facial expression haggard in the extreme. Lymphatic glands of neck and axilla much enlarged. Mixed treatment. Ten days later she reported that the headache commenced to improve a couple of days after beginning the medicine, and that it was now very much better. Can smile and eat once more. Not seen again. In this case the feverish condition during the first month of headache evidently represented the outbreak of syphilis.

CASE III.—Mrs. M., forty-eight years old. Seen at the dispensary, September 20, 1887. Comes on account of pain in the head, which she calls neuralgic. It has been continuous for two weeks. Never previously troubled in this way. It is worse at night. No appetite. Acknowledges having had a lump in the groin that discharged a month ago.

Was given an iodide. Reported a week later that she felt much better and had some appetite. At this time a slight rash was noticeable. Four days later specific treatment was discontinued to determine the cause of the eruption. She then developed full secondary syphilis, and was referred to the proper department.

CASE IV.—Mrs. B., thirty years old. Seen at dispensary, October 16, 1888. Comes for a terrific headache. Some soreness and pain about head for four to five weeks. For two weeks it has continued with present severity. Bilateral supraorbital pain; may affect occipital region also. General "soreness" of head.

On retiring at night it is first worse, then easier until it starts again. No rest or sleep; dreams but little. Says that "pimples" appeared on right side of privates about two weeks ago, and large red blotches over back about one week ago. Exposed parts of body as yet free. Cervical glands all large. Iodide mixture. Reported four days later as somewhat easier. Sleeps a little now. Still some tenderness over the eyes; darting pains from vertex, etc.

Acne-like blotches have appeared on face and elsewhere. Later she developed general squamous eruption of the common secondary type.

CASES V., VI., and VII. have been contributed by Dr. Winfield, from his clinic at the Long Island College Hospital Dispensary.

V. and VI.—These were both males, respectively thirty-two and forty-six years of age, in whom the cephalalgia antedated the secondary eruption.

VII.—Lizzie M., twenty years old. Gives history of initial trouble. About three weeks after arrival in this country she began to have severe headache. This lasted for three weeks, when an eruption appeared, introduced by fever. This was followed by the present trouble—squamous syphilide, mucous patches, etc.

CASE VIII.—From notes of a case occurring in the practice of Dr. Fuller:

Mr. E. H. C. contracted syphilis in fall of 1881. For a time he spared his wife, but in April, 1882, she came under treatment for ulceration of the os uteri. In May she began to suffer most excruciating pain in the head. "In spite of any and all treatment this continued. Her hair came out until eyebrows, eyelids, and the whole caput was as guiltless of hair as was the palm of her hand. Mercury and potassium iodide were pushed to the point of tolerance, but still the headache continued." Sedatives, ergot, etc., equally inefficacious. In the latter part of July it gradually grew less, and on going to the country it presently left her. Previous children healthy; is known since to have had two, both syphilitic, and both dying in infancy.

CASE IX.—Recently Curtis has reported (N. Y. Med. Jour., 1888, p. 48) a case of "very early syphilitic headache." Woman about thirty-five years old. Local ulcer cured in Charity Hospital, where it was called syphilitic. She then began to suffer from headache, about six weeks after supposed date of infection. Severe pain all over scalp, but forehead not affected. Marked tenderness on pressure. Sleep interfered with. No eruption or enlarged glands. On pushing mixed

treatment the headache and scalp tenderness disappeared, but on stopping it the pain returned with tenderness over forehead and bones of face. Headache again relieved by resuming bichloride. About four weeks (?) from onset of cephalalgia, characteristic sore throat developed, a small sore like a mucous patch appeared over the urinary meatus, and two enlarged glands were found in the groin.

Doubtless a search of the literature would largely increase the list of cases. Whilst those here given are but briefly reported, and in some it is not directly stated that the cephalalgia antedated the general outbreak of the secondaries, still they suffice to demonstrate the main fact.

This form of headache is severe, prolonged, and continuous, more so than almost any other that we meet. There is no complete intermission. It is complained of as something foreign to the patient's previous experience. The whole scalp may be so tender ("sore") that the hair will be left uncombed. It is not localized to any spot or nerve-distribution, nor even to one side, but involves the whole cranium; whilst the headaches of late syphilis are more apt to be localized. It may be attended by delirium, especially at night, though it does not otherwise present as marked nocturnal exacerbations as do later troubles. Still it causes insomnia, and is altogether very exhausting, as the haggard countenance of the patient usually shows. These cases indicate that it occurs predominantly, and in greatest severity perhaps exclusively in women.¹ At least all those seeking treatment for the headache simply, were females.

Still, all women who are thus infected do not have this symptom, even when fully aware of their disease. As to the proportion of those who do to those who do not, my experience would be one-sided.

In several of these cases the onset of this trouble seems to have antedated the outbreak of cutaneous symptoms by about three weeks. Hence, practically it may constitute the earliest secondary. This period, however, may be so much shorter that the symptom loses its importance, even appearing, as in the following illustration, with the advent of occult secondaries.

CASE X.—Man of twenty-five years. Seen March 15, 1888. Severe general headache began with first outbreak of eruption, two weeks pre-

¹ This is not the only way in which the sexes react differently to syphilis. Fournier, Bumstead and Taylor, (1879 p. 489), Barduzzi (1887; who also notes the co-existence of cephalalgia), and Morin (1888) all state that syphilitic fever occurs mostly in females. "Syphilitic insomnia, independent of cephalalgia, is more common in women during the secondary period" (Fournier, v. Seguin, in *Sajou's Annual*, 1889).

viously. Pressure tenderness over the whole cranium. This was evidently of the same type as the preceding cases, except that the ache did not antedate the roseola.

The case given by Atkinson (*l. c.*) seems to belong in this class. Noticeable in his case also, is the absence of nocturnal increase in pain.

It is stated that in the headaches of later syphilis the development of serious lesions frequently brings relief. In the early form this does not immediately result from the appearance of other secondaries. The tenderness of the scalp and cephalalgia perhaps correspond to the tibial and other so-called osteocopic pains. But the headache, as a whole, is rather a parallel to that so frequently occurring in the developmental stage of typhoid, scarlatina, and other infectious diseases, the slower course of syphilis explaining the longer duration. It certainly represents a general condition of the head rather than any local organic affection.

This specific cephalalgia is intractable to ordinary analgesics. It usually yields quickly to special treatment; though in one case it had to wear off gradually, and in the others a little time was required to effect complete relief.

Charcot (1887) believes that severe headache in a syphilitic subject associated with hyperæsthesia of the scalp, is usually hysterical rather than of specific origin, and is not controlled by antisymphilitic treatment. It is evident that his view does not hold, unless exceptionally, as in case VIII., in this early type.

As an adjuvant to direct specific treatment, especially in the later but also in the early form of syphilitic headache, I have found gelsemium valuable, whilst the digitalis group tend to increase suffering. It seems that McNaughton Jones (1881) has recommended pilocarpine, and Leroy (1887) aconite for syphilitic headaches in general. Hence, as a rule, *the symptomatic, in addition to the specific, treatment of this trouble demands the employment of vaso-motor sedatives and depressants, and forbids the use of arterial stimulants.*

It is proper to state that both the gentlemen who have so courteously aided with cases hold the same view of their etiology, etc., as that here presented.

DISCUSSION.

DR. HALL.—With regard to the paper which has been presented this evening, I would say that cephalalgia is an almost constant symptom in women suffering from secondary and tertiary syphilis.

In my service in the Massachusetts State Reformatory for Women I treated one hundred and sixty cases of cephalalgia in syphilitic women. I think my records show but three or four cases where this disturbance occurred in the preliminary stage. Later it was almost constant, usually yielding, however, to the antisymphilitic remedies.

